

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-040414

STATE FILE NUMBER

Registration District No. 160

Primary Registration District No. 159v

Registrar's No. 143

DO NOT WRITE
ON THIS STUB

AMENDED

FILED OCT 22 1963

1. PLACE OF DEATH a. COUNTY JEFFERSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JEFFERSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN FESTUS, MO		Length of stay in 1b 8 Days	c. CITY OR TOWN FESTUS, MO.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION JEFF. MEMORIAL HOSP.		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 218 So. MILL ST.
3. NAME OF DECEASED (Type or print) First Middle Last FRANK W. COLBERT		4. DATE OF DEATH Month Day Year OCT. 16, 1963	
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2-10-87
9. AGE (last birthday) 76		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) GUARD		10b. KIND OF BUSINESS OR INDUSTRY GLASS FACTORY	11. BIRTHPLACE (City and state or country) ELDON, MO.
12. CITIZEN OF WHAT COUNTRY U. S. A.		13a. FATHER'S NAME JOSEPH COLBERT	
13b. MOTHER'S MAIDEN NAME JOSEPHINE SWANSON		14. NAME OF HUSBAND OR WIFE MARY DRURY COLBERT	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. 61-116-63	
17. INFORMANT MARY COLBERT		Address 218 So. Mill St. FESTUS, MISSOURI	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Vascular Accident		INTERVAL BETWEEN ONSET AND DEATH 1 day	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerotic Cardiovascular		DUE TO (c) disease 4/22 Anemia Secondary	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 6/28/63 to 10/16/63 and last saw him alive on 10/16/63 Death occurred at 11:00 PM 10/16/63 m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) W. E. Dunn M.D.		22b. ADDRESS Herculaneum, Mo	
22c. DATE SIGNED 10/18/63		22d. LOCATION (City, town, or county) (State) Crystal City Missouri	
23a. BURIAL, CREMATION, REMOVAL (Specify) 10-19-63	23b. DATE 10-19-63	23c. NAME OF CEMETERY OR CREMATORY SACRED HEART	23d. LOCATION (City, town, or county) (State) Crystal City Missouri
24. FUNERAL DIRECTOR ADDRESS James R. Cary Crystal City, Mo.		25. DATE RECD. BY LOCAL REG. 10-18-63	
26. REGISTRAR'S SIGNATURE James R. Cary		27. REGISTRAR'S SIGNATURE James R. Cary	

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed James Richard Cody
Licensed Embalmer No. 4309

P. O. Address Crystal City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.